Applicant:

Application No.: 10/738,911

PATENT APPLICATION
Attorney's Docket No.: 2376, 2009-000 (PB 03 0004)
Expedited Procedure under 37 CFR § 1.116
Examining Group 2419

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group:

2419

David W. Jenkins and Mark A. Bremner

| Filed: | De | ecember 17, 2003 | Examiner: | Mounir Moutaouakil | | | | | | | |
|---|--|--|--|----------------------------|--|--|--|--|--|--|--|
| Confirmation No | o.: 83 | 54 | | | | | | | | | |
| For: | METHOD AND APPARATUS FOR ADDING DIGITAL CROSS CONNECT CAPACITY | | | | | | | | | | |
| | | CERTIFICATE OF MAI I hereby certify that this correspor States Postal Service with sufficient envelope addressed to Commissione VA 22313-1450, or is being facsim and Trademark Office on: Date | ted with the United Mail in an k 1450, Alexandria, | | | | | | | | |
| | | Typed or printed name | Signature of person signing cert | ificate | | | | | | | |
| Mail Stop AF Commissioner f P.O. Box 1450 Alexandria, VA | | | | | | | | | | | |
| Sir: | | | | | | | | | | | |
| Transmitted here application. | ewith | ı is a Reply After Final Re | ejection for filin | ng in the above-identified | | | | | | | |

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by

A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is

a Small Entity Statement previously submitted.

enclosed.

The claims fee has been calculated as shown below:

| | | | | | | | SMALL | ENTITY | _ | | OTHE SMALL | | |
|-------|---|----------|---------|----------------------------|------------------|----|-------|---------------|-----------|----|---------------|----|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | PREV | EST NO. IOUSLY D FOR | PRESENT EXTRA | R | ATE | ADDIT. FEE | <u>OR</u> | | RATE | 1 | ADDIT. FEE |
| TOTAL | 18 | MINUS | * | 20 | 0 | х | \$ 26 | \$ | | х | \$52 | \$ | 0 |
| INDEP | 4 | MINUS | ** | 4 | 0 | х | \$110 | \$ | | х | \$220 | \$ | 0 |
| ☐ FIF | ST PRESENTATI | ON OF MU | JLTIPLE | E DEP. CL | AIM | + | \$195 | \$ | | + | \$390 | \$ | |
| | | | | ot fewer the | | то | TAL = | \$ 0 | and . | TO | TAL = | \$ | 0 |

The Application Size Fee has been calculated as shown below: (Effective for cases filed on or after December 8, 2004)

| Actual Sheets (Including current amendment) | Highest No. of Sheets Paid For (At least 100) | No. of Additional Units Required (Increments of 50 sheets) | general S | SMALL ENTITY Total Rate Amount | | |
|--|--|---|-----------|---------------------------------|------------|-------|
| | | | 2 | X \$135 | Owed \$[] | X \$2 |

| OTHER THAN SMALL ENTITY | | | | | | | |
|----------------------------|-------------------------|--|--|--|--|--|--|
| Rate | Total Amount Owed | | | | | | |
| X \$270 | \$[] | | | | | | |



Petition for Extension of Time

| Applicant hereby | petitions | s to | extend the time to respond to the [] | dated [|] for [|] |
|------------------|-----------|------|---|---------|---------|---|
| month(s) from [|] to [|]. | The appropriate fee is set forth below. | | | |

| Please ch | arge Deposit Account No. 08-0380 | for the following fees: | | |
|-------------|---|---|-------------|------------|
| | Petition for [] month Extension | of Time | | \$ |
| | Claims Fee | | | \$ |
| | Application Size Fee | | | \$ |
| | Other Fees: | | | |
| | | | | \$ |
| • | | | | \$ |
| • | | TO | TAL: | \$ |
| | | | | |
| A check is | s enclosed in payment of the follow | ing fees: | | |
| | Petition for [] month Extension | of Time | | \$ |
| | Claims Fee | | | \$ |
| | Application Size Fee | | | \$ |
| | Other Fees: | | | |
| | | | | \$ |
| | | | | \$ |
| | | TC | OTAL: | \$ |
| \boxtimes | Please charge any deficiency or cree this matter to Deposit Account No. | | es that may | be due in |
| | Re | espectfully submitted, | | |
| | Н | amilton, brook, smiti | H & REYN | OLDS, P.C. |
| | Re To | whick A. Quinlan egistration No.: 61,287 elephone (978) 341-0036 acsimile (978) 341-0136 | 7 | |
| | rd, Massachusetts 01742-9133 | | | |

Dated: $\left(\frac{0}{2}\right)$